## RESPITE SCHEDULE

NAME:	SERVICE:			
PLAN DATE:	PROVIDER:			
SCHEDULE IMPLEMENTATION/REVISION DATE:	LOCATION:			

NOTE: THIS TEXT BOX IS A REMINDER TO THOSE DEVELOPING THE SCHEDULE AND IS NOT PART OF THE ACTUAL SCHEDULE. THE PURPOSE OF THIS SCHEDULE IS TO PROVIDE A GUIDELINE FOR RESPITE DOCUMENTATION PURPOSES AS THE PROVIDER GIVES SHORT TERM RELIEF TO THE NATURAL CARE GIVER.

*****DAILY SCHEDULE***** DATE: MM/DD/YY						
RESPITE BEGIN TIME						
Arises in A.M. (IF OVERNIGHT SERVICE DELIVERED)						
6:00 AM medications / LIST MEDS HERE OR IF THEY ARE NOT AT THE SAME TIME EACH DAY IN THE AM THEN LIST AND DOCUMENT TIME GIVEN IN THE BOX						
Follow tube feeding schedule 3x daily, or list breakfast here						
ACTIVITIES (may use codes if desired) specify per individual preferences indicated in IPC						
Toileting needs met (if assistnace is required)						
Lunch						
Activities (specify per individual preferences indicated in IPC						
6:00 P.M. medication / LIST MEDS HERE OR IF THEY ARE NOT AT THE SAME TIME EACH DAY IN THE PM THEN LIST AND DOCUMENT TIME GIVEN IN THE BOX	AMP	LE				
Bath/hygiene needs met per IPC						
Goes to bed/sleep time monitored (may need rows for bed ck times)						
Positioning (may need more rows for am, afternoon, nighttime)document time occurred						
END TIME						
UNITS USED						
	,					
SIGNATURE						
UNITS APPROVED AS OF (USE PLAN DATE HERE)						
**A COPY OF THIS DOCUMENTATION MUST BE SUBMITTED TO THE ISC MONTHLY**  *** INCIDENT REPORTS SUBMITTED AS A SEPARATE DOCUMENT***						
INCIDENT REPORTS SOBINITIED AS A SEPARATE DOCUMENT		L	L	 l	l	<u> </u>